

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/09/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295023	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/28/2007
NAME OF PROVIDER OR SUPPLIER CARSON CONVALESCENT CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2898 HIGHWAY 50 EAST CARSON CITY, NV 89701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 12/28/07. Complaint NV#00016798 alleged that a resident was not seen by the physician until four weeks after admission and was refused information regarding the medications she was taking. This allegation was unsubstantiated. The complaint also alleged the resident was not involved in her care conference and this allegation was substantiated. See citation written at F 280. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	F 000			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) COMPREHENSIVE CARE PLANS The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed	F 280	F280 Comprehensive Care Plans Resident #1 corrected, see attachment. The Facility will make accommodations that will afford the resident the right to participate in the care planning conference. Care Plan Meetings will be monitored to identify residents who do not attend the care plan meetings by Social Services Director/Designee.	12/28/07 01/17/08 & ongoing	

Accepted
1/16/08

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CARSON CITY, NEVADA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Ernest J. Beckhoff

Administrator

1/15/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	<p>Continued From page 1 and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff/resident interviews, it was determined that the facility failed to make accommodations that would afford the resident the right to participate in the care planning conference and did not consult the resident about the care plan before or after the conference. (Resident #1)</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 11/16/07, with diagnoses including intractable back pain, sciatica osteoarthritis, disorder of the sacrum, morbid obesity and peptic ulcers.</p> <p>The record review of her minimum data set (MDS), dated 11/16/07, indicated that she had no cognitive impairment and was able to make her own decisions. She was alert and oriented to person, place and time.</p> <p>The record indicated that a care conference was held on 12/6/07 at 1:30 PM. Records did not indicate the resident participated in the care conference. Social service notes written by social worker #1 and dated 12/6/07, indicated the resident's husband could not attend because he was scheduled to work. The resident was reported not to have attended because she "did</p>	F 280	<p>The Social Service Director/Designee will meet with the Resident/DPOA/Guardian for those residents that are unable or unwilling to attend care plan meetings.</p> <p>This will occur either in person or via telephone within 24 hours of the care plan meeting to discuss plan of care, and will be documented in the resident's record.</p> <p>Monitoring will be done by audit of the care plan meeting notes of those residents that did not participate in the care plan meetings, weekly x4 weeks and monthly x2.</p> <p>Results of the audits will be tracked and trended.</p> <p>To be done by NAC or Designee</p>	01/21/08 & ongoing	

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F 280	<p>Continued From page 2 not want to get out of bed."</p> <p>On 12/28/07 at approximately 12:30 PM, licensed practical nurse (LPN) #1 and registered nurse (RN) #1, were interviewed. They reported that Resident #1 did not get out of bed to attend the care conference. They reported that the resident often refused to get out of bed due back and leg pain. They believed the resident was invited to care conference and thought the social worker would have a copy of the invitation. Neither nurse was able to confirm if any special accommodations were offered to allow the resident to attend the conference or to accommodate the resident's husband who had to work at the time of the conference. They reported that conferences had been held in resident's rooms in the past but Resident #1 had a roommate and privacy could not be maintained.</p> <p>On 12/28/07 at approximately 12:40 PM, Social Worker #1 was interviewed. She was able to provide a copy of Resident #1's invitation to the care conference. The letter did not indicate if the resident agreed to attend the meeting. It indicated the resident should ask the nurses or attendants if she needed help to get to the meeting. The social worker did not recall giving the resident an opportunity to have input into the conference prior to the conference or informing her of the decisions made at the conference. She reported that care conferences had been held in resident's rooms before but indicated that they could not meet there since Resident #1 had a roommate.</p> <p>On 12/28/07 at approximately 1:15 PM, Resident #1 was interviewed. She stated that she would have liked to attend the care conference but</p>	F 280			

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F 280	Continued From page 3 getting out of bed to go to the meeting would have caused severe pain. She did not recall having any input into the conference or being provided with any information about the conference. She stated her husband had to work at the time the care plan conference was scheduled.	F 280			

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